



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>4.3.1</b>	PAGE <b>1 of 3</b>
	EFFECTIVE DATE <b>September 1, 2016</b>	
<b>MCO Notification of a Medicaid Other Event Form Instructions</b>		<b>Version 2.0</b>

**DOCUMENT HISTORY LOG**

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	September 1, 2016	Initial version of Uniform Managed Care Manual Chapter 4.3.1 "MCO Notification of a Medicaid Other Event Form Instructions."  Chapter 4.3.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, X529-13-0042, X529-13-0071, and 529-15-0001.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions  
<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.  
<sup>3</sup> Brief description of the changes to the document made in the revision.



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## I. Applicability of Chapter 4.3.1

This Chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, and STAR Kids Programs and Dental Contractors providing Children’s Medicaid Dental Services. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, and any other entities licensed or approved by the Texas Department of Insurance.

## II. General Instructions

Per Section XXI, letter C. Medicaid Other Events of UMCM Chapter 4.3 Marketing and Member Materials Policy, the MCO must provide prior notice of other events to the HHSC ASC by emailing a completed *MCO Notification of a Medicaid Other Event* form to [TXMedicaidEvents@maximus.com](mailto:TXMedicaidEvents@maximus.com). The *MCO Notification of a Medicaid Other Event* form is located in UMCM Chapter 4.3.2. Notice must be provided by close of business at least two (2) Business Days prior to the event.

## III. MCO Notification of a Medicaid Other Event Form Instructions

The MCO must complete the *Contact Information* and *Event Information* sections of the form only. The *For HHSC ASC Use Only* section should be left blank.

- 1) **Contact Person:** Enter the name of an MCO representative knowledgeable about the event who may be contacted for questions.
- 2) **Contact E-mail Address:** Enter the email address of the MCO contact person.
- 3) **Contact Phone Number:** Enter the phone number of the MCO contact person.
- 4) **Contact Fax Number:** Enter the fax number of the MCO contact person.
- 5) **Organization:** Enter the name of the MCO conducting the event.
- 6) **Name of Event:** Enter the event name.
- 7) **Type of Event:** Check the type of event to be conducted: Presentation, Community Event, Health Fair, Nursing Facility Activity Event, or Other. If Other is selected, enter the type of event to be conducted.
- 8) **Time of Event:** Enter the start and end times for the event.



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- 9) **Date of Event:** Enter the date the event will be held.
- 10) **Event Site Address:** Enter the location where the event will be held to include the street address, city, state, and zip code.
- 11) **County:** Select the county where the event will occur from the drop down box.
- 12) **Applicable Program(s):** Check the applicable Medicaid managed care program(s) for which the event will be conducted: STAR, STAR+PLUS, STAR Kids, or Medicaid Dental Services.
- 13) **Service Area:** Select the Service Area in which the event will be conducted from the drop down box as applicable for a STAR, STAR+PLUS, or STAR Kids event.
- 14) **Region:** Select the Region in which the event will be conducted from the drop down box as applicable for a Medicaid Dental Services event.
- 15) **Language Needs:** Check the language needs for the event: English, Spanish, or Other. If Other is selected, enter the language needed.
- 16) **Additional Information/Directions:** Enter any additional information about the event to include a description of the event, directions to the event site, if the MCO is financially sponsoring the event, any requests/expectations of its community partners, if the MCO plans to invite other MCOs to participate in the event or will be coordinating with a provider's office to conduct the event, etc.
- 17) **Targeted Audience (quantity, type):** Enter the type of audience targeted to attend the event and an estimated count of how many attendees are expected.
- 18) **Event Participants:** Check who will participate in the event: HHSC ASC and all MCOs invited to the event, MCO only, HHSC ASC and MCO only, or MCO sponsored event.
- 19) **MCO Representative:** Enter the name of the MCO Representative sending the notification form to the HHSC ASC.
- 20) **Date Sent to HHSC ASC:** Enter the date the notification form was sent to the HHSC ASC.